

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Gregory J. Haubrich et al.
TITLE: PATIENT NOTIFICATION OF MEDICAL DEVICE TELEMETRY SESSION

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 331 792 166 US, on this 26th day of November, 2003.

031282 U.S. PTO
10/724584
112603

Sue McCoy
Printed Name
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
- X Specification:
Total pages: 33 (including claims and abstract: Spec. 22 sheets; Claims 10 sheets; Abstract 1
- X Drawings:
Total sheets: 8
☒ formal ☐ informal
- ☒ Combined Declaration and Power of Attorney:
☒ unexecuted
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- X Accompanying application parts:
☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation No. ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--
- ☐ Cancel in this application original claims ____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ Th Power of Attorney in the prior application is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.


☒ Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
Telephone: (763) 514-6402
No. 27,581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee	
Total Claims	61	20	=	41	x 18	738
Independent Claims	7	3	=	4	x 86	344
Multiple Dependent Claims	0			0	+ 290	0
Basic Filing Fee						\$770.00
TOTAL						1852.00

☒ Charge Deposit Account No. 13-2546 in the amount of \$1852.00 for the filing fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

11/26/03
Date


Girma Wolde-Michael, Reg. No. 36,724
Telephone: (763) 514-6402
No. 27581